

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 062002 2 Serial/Patent # 09124623

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time	<u>12</u>	<u>5/3/12</u>	<u>\$980.00</u>
<input type="checkbox"/>	Notice of Appeal/Appeal	<u>1</u>		\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT OF REFUND \$

8 TO BE REFUNDED BY:

10 REASON:

☐ Overpayment

☒ Duplicate Payment

☒ No Fee Due (Explanation):

Treasury Check

☒ Credit Deposit A/C #:

9 11--1410

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Cheryl Gibson Beyer

TITLE: Paralegal

SIGNATURE: \_\_\_\_\_

PHONE: \_\_\_\_\_

OFFICE: Patents

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: [Signature]

DATE: 12/30/02

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 302B